Clearly Livingstone's copy of Boston Globe / Ben Bradlee Jr. int. interviews with which Livingstone was involved. Proves HL knew back of head not blown out

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CU:SPOT1-USR 9J: MSG:Dr. Marion T. Jenkins intvw

Verified accurate transcript by Harrison Livingstone

Interview with Dr. Marion T. Jenkins, Parkland Hospital, Dallas, 3/24/81:

Q. How about if we provide you with a transcript. Yes, sir. We're trying to determine whether there is a real conflict between the descriptions of head wounds of the President that came out of Dallas and those that then later were, you know, came out of the autopsy and were published in the official documents. And when you look at them, and read the Warren (Commission) testimony and so forth, there appears to be at least a tension, and there have been some suggestions that it's more than that. That's, and part of the problem obviously is the indefiniteness of any verbal description when you try to translate it to what people saw, and recreate that. That's one of the reasons that one technique we've been trying to use, is to get people to draw what they remember on the skull, in terms of the location of the head wounds, wound or wounds, that they saw. We've also been following that up, we're trying to, for backup purposes, to get a similar drawing on a flat profile of a skull which we have.

Did you have a good chance to examine the head wound that day, Doctor?

A. Well, you know, we didn't do very much examination. We were treating.

Q. Of course.

A. Resuscitating a patient at the time. When you try to compare the Warren Commission report with others, let me ask you, I haven't read anything about this except one thing. With all the literature, all that's been written about it, I avoid it, except what gets dropped on me, except for the report of Dr. Lattimer, who did this study, and I think it's, he responded to an interview I had with the American Medical News, and so wrote me about it and sent me a copy to show I was wrong in judging what part of the brain was hanging out. Which is all right, which shows that I wasn't that careful about the examination. But I gather from that, that the Warren Commission never had a chance to examine either the pictures or the x-rays or the body, is that right?

Q. That's our understanding. Well.

A. Then why would we be.

Q. Well, I don't know if they had a chance or not. The Chief Justice ordered the autopsy photos impounded until the year 2039, and the people who did the autopsy never even saw the photographs. Only a handful of people have seen them.

false source?

A. I understand the Warren Commision made their report without seeing them also, you can see what a difficult position they would be in to try to describe things when it was available, and they didn't have it. So if now you're trying to reconcile what the Warren Commission conjectured from talking to a lot of us, in comparison with what Dr. Lattimer and the three forensic pathologists saw when they examined all the evidence, well, they couldn't be the same.

(MORE)

Q. Well, we're really not concerned with the Lattimer or the Warren Commission right now.

A. Well, you have to be, they're the only two official things that have come out on it.

Q. Well, we're concerned with your statement to the Warren Commission to the extent that that was probably your most immediate recollection along with the medical report. But, you know, when I said we're not concerned with the Warren Commission, I'm talking about their overall conclusions, and that's really neither here nor there to what we're doing. We're after a very sort of narrow issue.

A. Everybody's making some big point, writing the articles, writing their books to be different from what the Warren Commission wrote.

Q. Well, we're not concerned about that.

A. Actually, the Warren Commission was really handicapped by being unable to know what they were writing about, except they had a body (???).

Q. Since they wrote the report, of course, those photographs were subsequently reexamined, most recently in connection with the House Committee investigation. And one of the things that got us to ask this question was, there were some purportedly exact tracings, of one of those photographs, published by the commission. And that, that one in particular has raised the question, because it appears to show the area of the back of the head intact, in a way that conflicts dramatically with what the descriptions given by yourself and others have at the time. And we're just trying to pin down whether, in fact, that apparent conflict means something or not, and that's exactly what we're trying to do. We have a scale model of a skull here, would you be willing to draw on that.

A. I'll show it on your skulls. Come on out here and I'll show you. No, I didn't see a skull, without hair on it, so I wouldn't attempt to draw it on that skull without hair.

Q. (unclear) He said.

A. (Irrelevant chatter.) To ask me to draw on a skull, you want to turn that on again?

Q. Yeah.

A. Is to get some more wrong opinion, isn't it. I didn't see a skull, as such. I saw him, with his brain hanging out. You both have a lot of hair, lie down right up here.

Q. OK. Nils, why don't you work this.

A. (Irrelevant talk)

Q. Was the head hanging out over the back?

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A. No, right about there.

Q. I'm on my back, for the record, OK? Right. (Ben)

A. For the things to see. Now, I followed Mr. Kennedy into the emergency room. With people bringing him in, with Secret Service around him, they were blocking anybody else coming in and it's (unclear) They didn't know what to do, and they did very well not knowing what to do, I'd say. I know what I thought as I followed him in from here. He was bigger than you or our cart was smaller, because his feet were off this end and his head was at that end of it. I don't know how tall he was, but he filled it.

Q. Six feet or so.

A. He filled the stretcher up very well. As I came in, Dr. Carrico, a surgeon, who was one of the two people in the room, two, Jim Carrico and Dick Dulany were in the room, and Jim was just putting an endotracheal tube in as I came. And I was right behind the stretcher so he was ready.

Q. So you were about the third one in the room, then?

A. Yeah. After the ones who brought the Secret Service, (unclear) being led by two nurses. I don't know. There were two nurses and these two nurses. And so. Stay here, I want to show you, you can't tell. He had a shock of hair, a lot more than yours, so much so that other people coming into the room to do things here, such as to do the tracheostomy, put a chest tube in that side of the chest, to start IV's in the feet, couldn't even see the top of his head.

Q. Where were you in relation to the body?

A. I was standing right here (Jenkins was standing at the head of the stretcher cart, with Ben lying on his back with the top of his head pressed against Jenkins' abdomen), because this is where an anesthesiologist usually stands. And I had my head, my belly against his head holding endotracheal tube and breathing for him with my hand on a breathing bag here. And so that's right, if you would approach, this was the entrance to the room back here, the stretcher was toward the wall, and if you came in like this you would not see the top of the head.

Q. Uh, huh.

A. So nobody can tell you.

Q. You were on his left side.

A. Nobody but the autopsy people can tell you how big a wound it was in the head.

Q. Did you at any time observe any wounds in the head at all?

A. Oh yeah, of course I did.

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Q. Where were they? What did you see?

A. But I'm not going to tell you how big, or that, because that's not what I was looking at. Because part of his brain was hanging out right here.

Q. Well, we're not asking the size, we're interested in the location. Was it in the occipital area, or occipital-parietal, or towards the front, or where was the wound?

A. Right there, because his brain's hanging out right here over the edge of the table, you see.

Q. You're pointing to the parietal area above the ear there on the right side. OK.

A. So he still had this hair, and the other people coming in were not even in a position to see that he had a head wound.

Q. Was there any wound in the back of the head?

A. You're the President. We're trying to resuscitate him. I'm going to raise your head and look at it? No, of course not. Now, I'm just trying to give you an answer to it.

Q. You just never looked. Right.

A. That was not what I was there to do. And I didn't turn him over and roll him around. You know, I knew his wound was here. I knew his brain was hanging out here. I knew he still had hair up here, hidden. I could see a wound, an open area in here, it's above the ear, parietal, it's about the size of the palm of your hand.

Q. Without the fingers?

A. Yeah. Now, don't get up, because I want to finish this demonstration, Ben. You guys are trying to find out and I want you to know what the problems are. Is that all right?

Q. Sure. You did see, you saw brain tissue?

A. Yeah. There was some hanging out here by a thread, and I thought it was cerebellum, but I didn't examine it. I know a cerrebellum when I see it, really, but this was damaged brain hanging out.

Q. So you're not sure at this point whether it was cerebellum or not?

A. Oh no, I know it wasn't.

Q. You know it wasn't?

A. Yeah.

Q. But your impression at the time was that it was?

(MORE)

A. Well, that was what I gave on an interview later. I said part of it was cerebellum. I didn't, that was the reason that I just wasn't thinking of.

Q. Didn't you say that as recently as last year in that interview with American Medical News?

A. No, it was three years ago, wasn't it?

Q. I thought it was. 79, 79.

A. 79, yeah.

Q. Cerrebellum is at the base of the head, isn't it?

A. Yeah.

Q. So you're saying that that's, that you were mistaken in that?

A. Yeah. Well, I was, no, I might have been, because it would come out of the third, it would have been back here if it had been. I think so. So I was standing here, and the others as we knew, you instinctively knew you had to go through a resuscitative procedure. I was breathing for him, one of them listened to his chest, we had no breath sound on that side, they put a chest tube in, in through, between the ribs. During this time they'd cut his clothes off him. I don't recall how they got the tie off. But I guess they just cut it off here with the knot still intact. They cut his clothes off and all of these. So I just remembered the things that I saw at the time, while I was breathing for him. That he had this wound in his neck, which I knew when I came in because Dr. Carrico said as he put this endotracheal tube in, ``He has a hole in his trachea. Below the larynx, and the tube may not be beyond it. So that was the real reason we did the tracheostomy, because the wound was so low, we'll.

Q. That's OK, we don't care about the tracheotomy.

A. Now listen. I don't, you get me irritated. You came to ask me things and I want to tell you. If you don't want to hear them, we'll stop it.

Q. Oh, all right. Go ahead.

A. I've had so many people in, I'm sick of it. You understand? All right, now, what do you want to hear? I'm sorry to be this way, but I get infringed on.

Q. We're primarily interested in the issue of the head wound. Can I get up now?

A. No, I want to finish. I want to be sure we get this settled. Why you're not going to get from anybody here, what the size of this wound was.

Q. But the location is important.

A. Oh, no question about that.

(MORE)

Q. And there is a conflict about the location in a very fundamental way, as to whether it was back here, really occipitally, or more up parietally on the side.

A. Oh, well not, this was the parietal area here. He still had as much hair as Mr. Bradlee has, or had more. So it really didn't show.

Q. You're saying, though, that you never lifted up the head to examine the rear of the head. Are you excluding the possibility of a rear head wound, or are you saying that you just didn't look, you didn't have the chance to examine it.

A. Oh no, I'm excluding the possibility of it, because with the cardiac compression they were doing, standing where I was, blood came out of this wound up here and went down my front and into my shoes. Had there been a wound on the back of his head it would have filled up the whole thing and dripped off.

Q. Uh, huh. So you don't believe there was a wound occipitally?

A. No. Uh, uh. So it (blood) was coming out here because I could see it with each time they compressed the chest, down here.

Q. Some of the people present have been quoted at various times, speaking of someone, and it's not been identified who, lifting up the head at some point. You didn't see that? Clark, Clark. Was it Clark?

A. Oh, this was the end of it, when they were doing a resuscitation and didn't know that he had the head wound, and when a priest came to the door, I went over and asked him what's the proper time to declare a Catholic dead in order to administer the last rites. I turned over what I was doing to one of my other staff who was here. So then when he gave me his answer, I came back and said, ``We might as well give up, we can't resuscitate.'' And that was when this only (???) examination was done. Dr. Clark did examine it then, but only to the extent of, I guess, like this.

Q. Rolling it over. But you weren't in a position where you could then look at the same time that he was doing that?

A. Well, I was, but I did not. You know, that wasn't the (unclear).

Q. You didn't see anything further at that point that you hadn't seen before?

A. No, I knew he had a hole, a bullet hole in the back of his neck.

Q. You did?

A. Because I had found that. But, but I hadn't, you know, you ask me about looking for the head, and I'd have to answer correctly that I didn't really look at the head. But, in feeling it, you want to be a patient here? To get a complete picture of this, you need to have the patient

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down that I'm telling you about.

Q. Are you asking me to lie down? Do you think I'll gain something from it?

A. Well, I think so. Mr. Bradlee didn't want to lie down, but I'll tell you about this, why some of the reasons people were confused about it. OK. In order to pull his head back, to get better to do the tracheostomy, this was a low wound in his neck in front. Well, I had to do that, I had to stabilize his head for that. So in putting my hand back here, I put my finger in a bullet wound.

Q. So you were one of the few people here who was aware that there was a wound back there. That was something you told Lattimer only recently, isn't it.

A. I don't, no, I put it in my reports.

Q. You did, initially? That you felt a bullet wound back there?

A. I dictated a report and the FBI or somebody picked up.

Q. That's not the same report that was published by the Warren Commission?

A. I don't know, I haven't read it.

Q. Because we did read that as it was published there, and there is no reference to it, that I recall.

A. Now, among things I was doing, in addition to standing like this, which I balanced the head (???), was, ordinarily anesthesiologists feel for pulses, we don't feel much anymore, we have so many cardioscopes around, but one of the disturbing features that came as people got thinking, such as, that guy in New Orleans, who was that?

Q. Garrison.

A. Garrison. Uh. (Click in tape, Jenkins becomes suddenly louder. I believe we now moved back to Jenkins' own office.) I told you it was above his right ear, and we had that wound, and so I wouldn't be able to really say here whether it came across these suture lines or not. I know what it was because I read Dr. Lattimer's report. But I think I would be not honest if I said today I can tell you where it was, because I just couldn't point out where I saw it. And we recognized, of course, that an area of skull can, as we see this often, there was a much bigger piece of bone blown out than there is a hole in the scalp in patients who have gunshot wounds of the scalp.

Q. Uh, huh. Doctor, I'd like to show you now a drawing I think you've seen before. It's the photograph of the rear, a tracing of a photograph of the rear of the President's head taken at the autopsy. Would the rear of the head, well you said you didn't really actually see the back of his head, but is there anything in that photograph (Ex. Fox) that would be inconsistent with what you saw.

(MORE)

BULLSHIT

A. (pause) No. I haven't seen this before. I don't.

Q. You haven't.

A. Don't know, but I suppose this is that bone fragment hanging from the side, and part of the brain was hanging out there by a string. That was what I had erroneously, in talking to that AM reporter, said was cerebellum, wher it's cerebrum. If I said cerebellum, that's the way it was reported. No, I wouldn't be able to say whether that's right or wrong, except that, I wouldn't be able to say that was Mr. Kennedy's picture of him or anybody else, but I.

Q. Would there be anything inconsistent with what you remember, assuming that were Kennedy's head. He said that he didn't see the back of the head.

A. No. But I, this picture, if it were a little lower, I could tell you more, because. That's a drawing, it's not a.

Q. Yeah, it's a tracing from a photograph purportedly.

A. Because my impression was of much more hair than that, and this bullet wound a little lower than that, the site of entrance. Where his neck wound.

Q. That's not supposed to be the neck wound.

A. No, I know. I was saying I would not be able to say that was Kennedy, or.

Q. You probably been interviewed by several people over the years, you indicate that you're kind of sick of all this. Do you recall being talked to my a gentleman who represented himself as Harry Livingstone a little while ago?

Who am I then?

A. Yeah I guess that's the reason it's got me in a bad humor about it. He was in just recently, wasn't he? Within a year?

Q. He (Livingstone) says that he showed you this picture and he quotes you as saying. "No, not like that, not like that." TAPED

A. I said I wouldn't look at the picture. I said. He burst past my secretary and entered, and on my desk, and I didn't look at it, no.

He stared at the pic a long time, repeatedly using his hands on the back of my head. 13 witnesses

SHIT

Q. I see.

A. He's quoting me wrong. Has he published something on it?

Q. No. Just a little newsletter. He's a critic. Let me show you one other drawing here. Several doctors are on record as describing the wound in the posterior part of the head. You're saying it was much further forward. Dr. McLelland among others, refers to it as being in the, more in the occipital region of the head. Quoting from him, his testimony. "I

(MORE)

noted the right posterior portion of the skull had been extremely blasted.'' It goes on to give a detailed description, and based on his description, an artist prepared this drawing for a book.

I'd like to show that to you, and emphasize that McLelland himself did not prepare that, but an artist based on the description that Dr. McLelland gave to the Warren Commission, prepared that drawing. Could you comment on that?

A. Well, yeah that wasn't it. That's about all I'd say about it. This is obviously a wound of exit here. No, that's not in the right place at all. Well, let me discuss this with you a bit. I'm not trying to, I would not attack the integrity of any of my colleagues on this, but there was not much time spent in examining. Once he was declared dead, people left in a hurry. And the reason for it, is Secret Service was hovering, circling. Mrs. Kenredy was hovering. We tried to keep her out of the room. But as soon as he was declared dead, and Mrs. Kennedy and the priest came to the body, well, people left. There was no examination of the body afterwards. The look at the head was only that very momentary by all who were there doing the resuscitative process. When I came back and said, there's no chance of saving him, he has a head injury, which was not, which is always right near doing it, others on each side who had come around near the front, I'd said he has a head injury, and had moved away to show the extent of it. So maybe Dr. McLelland did see it, but this was not what my idea was. Had it been here, he would have been lying on it. His head would have been flat on it and I wouldn't have been able to see it. He was lying on the stretcher there, well then, with that shock of hair, and seeing this above the ear, and the string of brain hanging down. By above the ear I mean cephalad (toward the top of the head) to the ear. I don't know.

Q. So, is this drawing, I'm showing you now another drawing (Lattimer) prepared by someone who viewed the autopsy photograph. Is that drawing showing that wound more consistent with what you observed?

A. Well, let me, Mr. Bradlee, I'd have to insist again, I couldn't observe anything like this because of the hair and because I already know, and it's knowledge I have otherwise that would make me say this, that we see a lot of patients who have been shot through the head and there's a very small scalp wound and a large amount of bone gone. That you can blast a lot of bone in the exit side of a wound, it can come out through a small scalp tear. And so I would have had no idea. I couldn't have said then, that day or any other, how big that wound was, how big the bony deformity was.

Q. That was a drawing prepared by Lattimer, just for your information. There's nothing inconsistent. Or can you even say whether there's anything inconsistent about that? You say you can't say?

A. No, that wouldn't be inconsistent, because here he's, we would have him, his head on the stretcher at this point, and so that puts all the wound well above the stretcher, and that's what I can see with his head on the stretcher.

Q. In your report, I believe you referred to an explosion, so the wound,

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that you cited in the parietal area you would characterize as a explosion? Exit or entrance.

A. Well, we usually. I should have read over what I said. What page was that on?

Q. This is a citation from your Warren Commission testimony, or, I'm not sure.

A. Well, we think of it as, exit wounds we think of them as exploding when they come through the skull.

Q. Right.

A. (unclear) That's just the common expression that's used, you know. Exploding as it comes out. It usually goes in with a pretty small bored hole if it's a high velocity bullet. If it's low velocity and rolling, well then it damages going in, but usually the high pressure ones we see make a small hole going in and a big hole, blasted, exploded out of the other side.

Q. So that was your.

A. So if I used the term exploded that's what I meant by it.

Q. Well I think that's all I have.

A. Well, I haven't been every helpful, and I'm sorry.

Q. Well, you stated your opinion. You have been helpful, we appreciate your taking the time.

END.

(END)